

## FINDS ID NUMBER ASSIGNMENT FORM\*

REQUESTOR'S NAME

Jean Limy

DATE

03-31-92

SYSTEM

Superfund

PHONE NUMBER

1154

\*\*\*\*\*

SOURCE ID NUMBER

OWNERSHIP CODE

EPA ID NUMBER

NY2986995850

SIC CODES

\*\*\*\*\*

NAME OF FACILITY

R. Schleider C&amp;S Site

STREET

Old Northport Road

CITY

Kings Park

STATE

NY

ZIP

11754

COUNTY

Suffolk

COUNTY CODE

LATITUDE

40 52 30

LONGITUDE

73 16 57

\*\*\*\*\*

IS THIS A FEDERAL FACILITY?

NO ☒YES ☐

AGENCY NAME

COMPLETED

\*\*\*\*\*

Date Completed

3/31/92

Signature

Boran  
(UB)

\*Please complete with as much information as possible.

286151

